



**1ST-6TH GRADERS, JOIN US AS WE PACKAGE MEALS
FOR MALNOURISHED KIDS AROUND THE WORLD AT
FEED MY STARVING CHILDREN IN COON RAPIDS.
WE WILL BE STOPPING FOR DINNER ON OUR WAY
HOME, SO BRING \$10.**

SATURDAY, FEBRUARY 24, 12:30-6 PM

FAMILY PARTICIPANT INFORMATION (ONE FAMILY PER FORM):

NAME (FULL): _____

BIRTHDATE: ___/___/___ GRADE: ___

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BIRTHDATE: ___/___/___ GRADE: ___

FAMILY ADDRESS: _____

CITY: _____ **ZIP:** _____

PLEASE FLIP THE PAGE.



PARENT/GUARDIAN: _____

CELL PHONE: _____

PARENT/GUARDIAN: _____

CELL PHONE: _____

MEDICAL INFORMATION:

HEALTH ISSUES/
LIMITATIONS: _____

ALLERGIES: _____

RULES: Children are under the authority of New Life Church staff and volunteers. No stealing, fighting, rough housing, back talk or inappropriate language. No wandering off. Children who damage property are responsible for repair or replacement costs.

MEDICAL & LIABILITY RELEASE: I understand the nature of the New Life Church activities in which my son/daughter will be participating and that he/she is expected to abide by all church rules during the course of the activities. I, acting on my own behalf, also release New Life Church, its church staff, and volunteer leaders from any liability whatsoever arising out of disregard of rules, property damage, or loss as well as any injury, sickness, or death which may be sustained by my child as the result of participating in any New Life Church activity. I hereby give my permission for him/her to participate at **Feed My Starving Children** on **2-24-18**.

I authorize New Life Church to use our child's likeness in photographs or video in any and all of its publications, website, and other media. I will make no monetary or other claims against the church for the use of such photos or videos. I understand that if my child misbehaves and violates the New Life Church rules, I may be called to pick him/her up from any activity.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



Mindy Goldman: 320.202.0621

Church Office: 320.968.7796



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